

Check A Box  
Patented Specimens

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM 175)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/03077

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		1		2		
4		2		2		
5		2		2		
6		2		2		
7		2		2		
8		2		2		
9		2		2		
10		2		2		
11	1		1			
12		1		1		
13		2		2		
14		2		2		
15		2		2		
16		2		2		
17	1					
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TOTAL IND.	4		2			
TOTAL DEP.		29		29		
TOTAL CLAIMS		31		31		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						